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## \*BIBDATASHEET\*

CONFIRMATION NO. 1858

Bib Data Sheet

<b>SERIAL NUMBER</b> 10/669,094	<b>FILING OR 371(c) DATE</b> 09/22/2003 <b>RULE</b>	<b>CLASS</b> 424	<b>GROUP ART UNIT</b> 1651	<b>ATTORNEY DOCKET NO.</b> 27348.702.401
<b>APPLICANTS</b> Rongxiang Xu, Arcadia, CA;				
<b>** CONTINUING DATA *****</b> This application is a DIV of 10/004,103 10/30/2001 PAT 6,685,971 which claims benefit of 60/301,961 06/28/2001				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b> ** 12/15/2003				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged _____ Examiner's Signature _____ Initials _____		<b>STATE OR COUNTRY</b> CA	<b>SHEETS DRAWING</b> 10	<b>TOTAL CLAIMS</b> 59
				<b>INDEPENDENT CLAIMS</b> 1
<b>ADDRESS</b> 021971				
<b>TITLE</b> COMPOSITIONS FOR ORAL DELIVERY OF NUTRIENTS AND PHARMACEUTICALS				
<b>FILING FEE RECEIVED</b> 1101	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	